

**Wisconsin  
Nursing Homes and Residents  
1998**

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**Bureau of Health Information  
Division of Health Care Financing  
Department of Health and Family Services**

**Editor's note:** As of September 28, 1998, the Bureau of Health Information was created as part of a reorganization of the Department of Health and Family Services. The Bureau of Health Information comprises the former Center for Health Statistics and the Office of Health Care Information. The new Bureau is part of the new Division of Health Care Financing in the Department of Health and Family Services.

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## Introduction

This report presents key information about Wisconsin nursing homes and their residents. All facility and resident-based information is derived from the 1998 Annual Survey of Nursing Homes, which was conducted by the Wisconsin Division of Health Care Financing, Bureau of Health Information and Medicaid Program bureaus, in cooperation with the Division of Supportive Living, Bureau of Quality Assurance, and the state's nursing home industry. Where appropriate, data from previous surveys are also provided for comparison purposes.

The Annual Survey of Nursing Homes utilizes a survey date of December 31; that is, facilities are asked to report many survey items as of that date. For example, in the most recent survey each facility reported the number of facility residents and the number of staffed beds as of December 31, 1998. Other data items, such as the number of inpatient days, were reported for all of calendar year 1998.

Most information in this report is based on aggregate data from 463 facilities licensed to provide nursing home services under state administrative codes HFS-132 and HFS-134. Excluded is information reported by the three State Centers for the Developmentally Disabled, because these facilities serve severely developmentally disabled persons and their staffing requirements are higher than other facilities for the developmentally disabled. Also excluded are data reported by Clearview Sanatorium, Delafield, because this religious facility differs significantly from other nursing homes in the types of care provided. Data on the excluded facilities can be found in the *Wisconsin Nursing Home Directory and Fact Book, 1998*.

In addition to the facility-based aggregate data on nursing home residents, detailed resident-based data were submitted by 424 Medicare- and Medicaid-certified Skilled Nursing Facilities, Intermediate Care Facilities and Institutions for Mental Diseases. These detailed data were derived from the federally mandated Minimum Data Set, Version 2 (MDS 2.0), which is used by these nursing homes to regularly assess each resident's health care needs and status. MDS 2.0 includes information on medical conditions and resident history; medical, physical, mental and cognitive status; drug therapy; and other measures of mental and physical well-being.

Tables 27, 28, and 29 in this report are based on the MDS resident-based data collected from 413 Medicare- and/or Medicaid-certified skilled nursing facilities. The count of residents at the end of 1998 based on MDS data differed somewhat from the aggregate count of residents taken on December 31. See the Technical Notes (page 40) for a description of how this discrepancy was handled in preparing the data.

Nursing homes in Wisconsin are licensed to accept patients with specific types of health care needs. Skilled Nursing Facilities (SNFs) and Intermediate-Care Facilities (ICFs) provide primarily medical care to restore individuals to their rehabilitative potential. Facilities for the Developmentally Disabled (FDDs) treat residents who are developmentally disabled, primarily due to mental retardation or cerebral palsy. Institutions for Mental Diseases (IMDs) serve residents with psychotic and nonpsychotic mental illness.

For reimbursement purposes, nursing home residents are classified according to the levels of care and types of services they require. Intense skilled nursing (ISN) care is provided to residents who need complex interventions and monitoring by professional nurses with specialized nursing assessment skills. Skilled nursing (SN) care is provided by, or under the supervision of, registered nurses and requires skill in assessing, observing and supervising the physical, emotional, social and restorative

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care needs of a patient. This type of care is provided on a continuous basis under the general direction of a physician.

Intermediate care (ICF-1) is professional, general nursing care needed to maintain the stability of patients with long-term illnesses or disabilities. Limited care (ICF-2) includes simple nursing procedures required to maintain the stability of patients with long-term illnesses or disabilities. Personal care (ICF-3) is limited to assistance, supervision and protection for individuals who need periodic medical services, but not ongoing nursing care. Residential care (ICF-4) is provided to disabled individuals who need social services or activity therapy based on a physician's directive.

Residents of Facilities for the Developmentally Disabled (FDDs) are assigned one of four levels of care, based on their severity of mental retardation, health needs and extent of maladaptive behavior. Residents with fragile health are assigned DD care level 1A, those with behavioral problems are assigned DD care level 1B, persons with moderate mental retardation are assigned DD care level 2, and those with mild mental retardation are assigned DD care level 3.

The Bureau of Health Information would like to acknowledge and thank the personnel of all Wisconsin nursing homes who provided information about their facilities and residents.

Victor Jesudason developed the tables and prepared the initial draft of this report. Kitty Klement, Jane Conner, Lu Ann Hahn and Kim Voss implemented various aspects of data collection and editing activities. Patricia Nametz edited the report. Barbara Rudolph, Director, and Sandra Breitborde, Deputy Director, Bureau of Health Information, provided overall direction.

A copy of the survey instrument used to collect the data presented in this report is included in the Appendix. Copies of this report are available on the Department's Web site at <http://www.dhfs.state.wi.us/provider/index.htm>. Suggestions, comments and requests for additional nursing home data may be addressed to:

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## Key Findings

- Wisconsin had 463 nursing homes with nearly 50,000 licensed beds in 1998. The 463 nursing homes are categorized by the following licensure types: 418 skilled nursing facilities; four intermediate care facilities; 38 facilities for the developmentally disabled; and three institutions for mental diseases.
- Several measures of nursing home utilization (such as staffed beds, inpatient days and average daily census) have steadily declined since 1994.
- The nursing home utilization rate for persons age 85 and over decreased from 264 per 1,000 population in 1994 to 217 per 1,000 in 1998, a decline of 18 percent.
- In 1998, Wisconsin nursing homes had a statewide average percent occupancy of 87 percent (a new low).
- Almost half of the state's nursing homes (47 percent) were owned by proprietary agencies, 36 percent were nonprofit facilities, and 17 percent were government-owned.
- Milwaukee County had 64 nursing homes (14 percent of all facilities statewide) and about 9,800 licensed beds (20 percent of all Wisconsin nursing home beds) in 1998.
- Since federal legislation enacted in 1987 expanded the availability of Medicare funds for nursing home care, the number of Medicare-certified facilities and beds has increased significantly. By 1998, 87 percent of Wisconsin skilled nursing facilities were Medicare-certified.
- From 1988 to 1998, the percentage of skilled nursing facilities with self-designated special units for residents with Alzheimer's disease increased from 9 percent to 28 percent.
- In 1998, the average per diem rate for Wisconsin nursing home residents was \$117.
- Sixty-one percent of Wisconsin nursing homes reported that they did not have Family Council meetings.
- The ratio of day shift direct nursing care hours to residents was much higher during the week than on the weekend.
- Governmental nursing homes had the lowest turnover rates among all nursing staff, while proprietary homes had the highest.
- From 1990 to 1998, the percent of residents who required intense skilled nursing or skilled nursing care at time of admission to a nursing home increased from 86 percent to 97 percent.
- Medicare was the primary pay source at time of admission for 66 percent of Wisconsin nursing home residents admitted in 1998, compared to only 38 percent in 1990.
- Thirty-eight percent of persons admitted to a nursing home in 1998 were 75-84 years of age and 34 percent were age 85 or over.

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- Most persons admitted to skilled nursing and intermediate care facilities in 1998 were admitted from acute care hospitals (78 percent).
  - Forty percent of residents discharged from skilled or intermediate care facilities in 1998 were discharged to private residences.
  - From 1988 to 1998, the nursing home utilization rate for all persons aged 65 and over decreased 13 percent, from 63 residents per 1,000 population to 55 per 1,000. Utilization rates for those aged 85 and over declined 21 percent.
  - In 1998, 29 percent of residents of skilled nursing facilities and intermediate care facilities were reported to have an activated power of attorney for health care.
  - Thirteen percent of nursing home residents were totally dependent in “bed mobility,” 19 percent were totally dependent in “transfer,” 28 percent were totally dependent in “toilet use,” and 12 percent were totally dependent in “eating.”
  - Forty-three percent of nursing home residents were incontinent of bladder “frequently” or “all the time.”
  - Twenty-eight percent of nursing home residents were incontinent of bowel “frequently” or “all the time.”

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**Table 1. Selected Measures of Nursing Home Utilization, Wisconsin 1992-1998**

Utilization Measure	1992*	1993*	1994	1995	1996	1997	1998
<b>As of December 31:</b>							
Number of Nursing Homes	459	449	459	460	459	466	463
Licensed Beds	50,881	50,489	51,605	50,733	50,372	50,228	49,959
Beds Set Up and Staffed	50,075	49,345	50,624	49,937	49,421	49,013	48,374
Percent Beds Vacant	1.6	2.4	1.9	1.6	1.9	2.4	3.2
Total Residents	46,669	45,697	46,938	45,960	45,200	44,082	42,631
<b>Residents Age 65 &amp; Over</b>							
Number	41,087	40,332	42,176	41,390	40,631	39,648	38,202
Percent	89.1	89.1	89.9	89.9	89.9	89.9	89.6
Rate**	61.50	59.7	61.7	60.6	59.2	57.5	55.0
<b>Residents Age 85 &amp; Over</b>							
Number	21,232	20,993	22,076	20,644	21,478	20,892	20,314
Percent	46.0	46.4	47.1	44.9	47.5	47.4	47.7
Rate**	272.1	261.8	264.0	246.9	246.8	235.1	216.8
Medicaid Residents (Percent)	67.6	68.9	66.9	65.7	68.4	68.7	69.1
<b>Calendar Year:</b>							
Inpatient Days	16,970,265	16,724,578	17,052,440	16,952,540	16,678,572	16,238,508	15,748,754
Percent Change	-0.2	-1.5	2.0	-0.6	-1.6	-2.6	-3.0
Average Daily Census	46,439	45,997	46,719	46,482	45,618	44,594	43,265
Percent Occupancy***	91.6	91.5	90.5	91.6	90.6	88.8	86.6
Total Admissions	30,397	31,499	36,486	38,933	43,860	49,405	51,543
Total Discharges and Deaths	30,122	30,413	36,196	40,098	43,756	50,412	52,604

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

\* Totals include only those facilities responding to the Annual Survey of Nursing Homes. Beginning in 1994, the Wisconsin Division of Health Care Financing required all nursing homes expecting Medicaid payment to complete the Annual Survey. (See Introduction for types of facilities excluded from this report.)

\*\* Nursing home residents per 1,000 population in this age group.

\*\*\* Percent occupancy equals average daily census divided by licensed beds, multiplied by 100.

Notes: The Annual Survey of Nursing Homes asks facilities to report many data items as of December 31 of the survey year. Other items are based on the entire calendar year.

Nursing home admissions and discharges reported since 1996 are not comparable with those reported in previous years due to changes in the federally mandated Minimum Data Set (MDS), Version 2.0.

Temporary discharges and re-admissions (previously unrecorded) are now included in the total figures.

For comparable data for years before 1992, see *Wisconsin Nursing Home Utilization, 1991*.

- From 1994 to 1998, every standard measure of Wisconsin nursing home utilization declined.

⇒ Staffed beds declined from 50,600 to 48,400, a decrease of 4.4 percent.

⇒ The nursing home utilization rate for persons age 85 and over decreased from 264 to 217 per 1,000 population, a decline of 18 percent.

⇒ Inpatient days declined from 17.1 million to 15.7 million, a reduction of 7.6 percent.

⇒ Average daily census decreased from 46,700 to 43,300, a reduction of 7.4 percent.

**Table 2. Nursing Home Capacity by License Type, Ownership and Bed Size, Wisconsin 1998**

Selected Facility Characteristics	Facilities		Licensed Beds		Percent of Beds Not Set Up	Percent Occupancy
	Number	Percent	Number	Percent		
<b>State Total</b>	<b>463</b>	<b>100%</b>	<b>49,959</b>	<b>100%</b>	<b>3%</b>	<b>86.6%</b>
<b>License Type</b>						
Skilled Nursing Facilities	418	90	47,379	95	3	86.3
Intermediate Care Facilities	4	1	134	<1	2	88.1
Facilities for Dev. Disabled	38	8	2,179	4	2	92.2
Institutions for Mental Dis.	3	1	267	1	13	96.3
<b>Facility Ownership</b>						
Governmental	79	17	9,724	19	2	90.9
Nonprofit	168	36	17,333	35	2	90.3
Proprietary	216	47	22,902	46	5	82.0
<b>Bed Size</b>						
Less than 50 beds	65	14	1,947	4	3	90.5
50-99 beds	194	42	14,156	28	2	87.8
100-199 beds	154	33	20,075	40	4	86.0
200 beds and over	50	11	13,781	28	4	85.7

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Nursing home beds not set up are licensed, but not available for occupancy.

The percent occupancy is the average percentage of licensed beds occupied during the year and equals the average daily census divided by the number of licensed beds, multiplied by 100 (see Table 1).

- Most of Wisconsin's nursing homes are licensed as skilled nursing facilities (SNFs). In 1998, SNFs accounted for 90 percent of all nursing homes and 95 percent of all licensed beds.
- Wisconsin nursing homes had a statewide average percent occupancy of 87 percent in 1998, compared to 89 percent in 1997.
- Almost half (47 percent) of all Wisconsin nursing homes in 1998 were owned by proprietary agencies. Proprietary homes had the largest proportion of beds not set up (5 percent) and the lowest occupancy rate (82 percent) among the three nursing home ownership categories.
- Over half (56 percent) of all nursing homes in 1998 had less than 100 beds.

## Nursing Home Characteristics

**Table 3. Nursing Home Capacity by County, Wisconsin 1998**

County of Location	Facilities on 12/31/98	Licensed Beds on 12/31/98	Beds Set Up on 12/31/98	Total Inpatient Days	Residents on 12/31/98	Average Daily Census	Percent Occupancy
<b>State Total</b>	<b>463</b>	<b>49,959</b>	<b>48,374</b>	<b>15,748,754</b>	<b>42,631</b>	<b>43,265</b>	<b>86.6%</b>
Adams	2	126	120	41,194	113	113	89.7
Ashland	3	311	289	90,711	242	248	79.7
Barron	8	542	542	173,948	479	478	88.2
Bayfield	1	79	78	23,563	67	65	82.3
Brown	18	1,637	1,616	533,628	1,425	1,464	89.4
Buffalo	2	169	157	51,375	137	141	83.4
Burnett	2	147	147	50,059	138	137	93.2
Calumet	3	251	251	78,406	210	215	85.7
Chippewa	8	803	767	262,281	704	719	89.5
Clark	5	521	508	165,053	466	453	86.9
Columbia	5	545	545	183,141	497	502	92.1
Crawford	2	167	155	51,694	140	142	85.0
Dane	23	2,250	2,205	711,769	1,954	1,948	86.6
Dodge	11	1,231	1,224	399,967	1,101	1,096	89.0
Door	3	239	239	76,137	195	209	87.4
Douglas	8	696	696	205,833	545	564	81.0
Dunn	4	356	356	115,349	317	316	88.8
Eau Claire	7	765	740	227,436	593	624	81.6
Florence	1	74	74	24,178	67	66	89.2
Fond du Lac	12	1,100	1,086	337,057	894	924	84.0
Forest	2	143	143	49,516	138	136	95.1
Grant	9	659	650	214,632	601	587	89.1
Green	3	333	325	104,456	276	286	85.9
Green Lake	3	240	240	77,417	202	212	88.3
Iowa	3	197	197	62,293	175	171	86.8
Iron	2	106	106	38,345	105	105	99.1
Jackson	2	297	197	66,658	185	182	61.3
Jefferson	8	845	804	259,125	702	710	84.0
Juneau	3	200	200	71,208	185	195	97.5
Kenosha	8	1,038	1,010	326,868	871	895	86.2
Kewaunee	2	154	147	48,433	126	132	85.7
La Crosse	9	1,217	1,188	380,381	1,029	1,042	85.6
Lafayette	1	102	102	32,331	86	89	87.3
Langlade	1	173	173	59,319	160	163	94.2
Lincoln	3	349	341	115,923	322	318	91.1
Manitowoc	9	1,018	991	336,550	900	922	90.6

(continued)

## Nursing Home Characteristics

**Table 3. Nursing Home Capacity by County, Wisconsin 1998**

County of Location	Facilities on 12/31/98	Licensed Beds on 12/31/98	Beds Set Up on 12/31/98	Total Inpatient Days	Residents on 12/31/98	Average Daily Census	Percent Occupancy
Marathon	6	864	850	297,422	794	814	94.2
Marinette	7	659	658	225,715	625	618	93.8
Marquette	1	64	64	17,656	45	48	75.0
Milwaukee	64	9,759	9,246	2,898,446	7,826	7,941	81.4
Monroe	5	387	382	129,930	352	356	92.0
Oconto	4	322	319	109,004	285	299	92.9
Oneida	4	477	466	161,992	439	444	93.1
Outagamie	11	1,214	1,208	398,111	1,092	1,092	90.0
Ozaukee	4	531	530	179,242	460	490	92.3
Pepin	2	128	123	41,968	113	115	89.8
Pierce	5	343	318	102,312	264	279	81.3
Polk	6	483	468	153,913	420	421	87.2
Portage	2	312	309	106,799	284	293	93.9
Price	2	252	242	79,754	214	218	86.5
Racine	11	1,325	1,282	423,410	1,129	1,162	87.7
Richland	2	150	136	44,605	120	122	81.3
Rock	10	1,249	1,173	371,928	1,039	1,019	81.6
Rusk	2	161	161	54,556	146	149	92.5
St. Croix	9	703	674	212,992	578	584	83.1
Sauk	7	537	527	172,505	446	473	88.1
Sawyer	2	136	136	47,520	134	131	96.3
Shawano	6	538	514	165,880	451	455	84.6
Sheboygan	13	1,346	1,273	421,315	1,119	1,153	85.7
Taylor	3	254	224	72,735	192	199	78.3
Trempealeau	10	609	597	208,309	561	621	93.0
Vernon	4	365	365	124,068	321	340	93.2
Vilas	2	174	174	53,327	135	146	83.9
Walworth	8	730	726	248,504	679	680	93.2
Washburn	2	160	160	56,012	148	154	96.3
Washington	4	781	758	252,848	679	692	88.6
Waukesha	18	2,284	2,197	699,477	1,976	1,933	84.6
Waupaca	13	1,544	1,557	533,893	1,466	1,464	94.8
Waushara	2	162	162	51,456	137	141	87.0
Winnebago	9	1,123	1,069	344,519	986	990	87.5
Wood	7	753	717	240,397	629	660	87.6

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Average daily census is the number of residents on an average day during the year.  
Percent occupancy is the average percent of licensed beds occupied during the year.

- Milwaukee County, with 64 facilities and nearly 9,800 licensed beds, had 14 percent of all nursing homes and 20 percent of all licensed beds in Wisconsin in 1998.
- Milwaukee County had five fewer nursing homes and about 250 fewer licensed beds in 1998 than in 1997.

**Table 4. Number of Medicaid- and Medicare-Certified Nursing Homes and Beds, Wisconsin 1975-1998**

<b>Year</b>	<b>Medicaid-Certified Facilities</b>	<b>Medicare-Certified Facilities</b>	<b>Medicare-Certified Beds</b>
1975	481	64	3,066
1980	429	71	3,280
1985	429	145	4,904
1990	451	199	10,896
1991	445	200	11,374
1992	443	223	12,710
1993	437	240	14,132
1994	445	279	17,236
1995	442	309	18,412
1996	441	333	19,761
1997	441	362	20,716
1998	444	363	24,677

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- Almost all nursing homes in Wisconsin were Medicaid-certified in 1998 (444 of 463 facilities, or 95 percent).
- Since federal legislation enacted in 1987 expanded the availability of Medicare funding for nursing home care, the number of Medicare-certified facilities and beds has steadily increased. By 1998, 87 percent of Wisconsin skilled nursing facilities (363 out of 418) and 52 percent of total licensed SNF beds (24,677 out of 47,379) were Medicare-certified. Medicare does not reimburse for care provided in ICFs, FDDs or IMDs.

**Table 5. Skilled Nursing Facilities with Special Units for Residents with Alzheimer's Disease, Wisconsin 1988-1998**

<b>Year</b>	<b>Number of Facilities</b>	<b>Percent of Facilities</b>	<b>Number of Beds</b>	<b>Total Residents with Alzheimer's</b>
1988	34	9	1,325	2,794
1989	45	11	1,759	3,237
1990	49	12	1,838	3,745
1991	66	17	2,305	3,394
1992	71	18	2,477	4,654
1993	75	17	2,678	4,782
1994	86	21	3,009	4,914
1995	91	22	3,123	5,004
1996	108	26	3,607	4,686
1997	111	26	3,590	4,336
1998	118	28	3,663	4,454

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- From 1988 to 1998, the percentage of skilled nursing facilities with self-designated special units for residents with Alzheimer's disease increased from 9 percent to 28 percent. The number of beds in these special units nearly tripled during this time.
- Despite annual increases in the number of beds dedicated to Alzheimer's patients, these special units had the capacity to serve only 82 percent of all nursing home residents with a diagnosis of Alzheimer's disease in 1998.
- Nursing homes with 200 or more beds were more likely than smaller facilities to have special units for residents with Alzheimer's disease.
- In 1998, governmental facilities were more likely to have Alzheimer's units (44 percent) than were nonprofit (24 percent) or proprietary (27 percent) nursing homes.

**Table 6. Specialized Capacity of Skilled Nursing Facilities by County, Wisconsin 1998**

County of Location	Medicare-Certified Facilities	Medicare-Certified Beds	Alzheimer's Units	Alzheimer's Beds
<b>State Total</b>	<b>363</b>	<b>24,677</b>	<b>118</b>	<b>3,663</b>
Adams	1	14	0	0
Ashland	2	48	1	49
Barron	1	97	2	43
Bayfield	1	24	0	0
Brown	13	647	4	137
Buffalo	2	169	1	22
Burnett	2	70	0	0
Calumet	3	37	0	0
Chippewa	5	245	2	120
Clark	4	249	3	80
Columbia	5	229	3	50
Crawford	2	72	0	0
Dane	20	1,181	6	130
Dodge	10	782	1	48
Door	3	114	1	23
Douglas	4	324	1	30
Dunn	2	123	1	17
Eau Claire	7	392	3	53
Florence	1	22	0	0
Fond du Lac	8	306	5	125
Forest	2	107	2	39
Grant	8	416	3	48
Green	3	288	2	43
Green Lake	3	113	1	12
Iowa	3	166	1	26
Iron	1	17	0	0
Jackson	2	123	1	28
Jefferson	4	165	0	0
Juneau	3	200	1	12
Kenosha	8	660	1	24
Kewaunee	2	64	1	12
La Crosse	7	661	3	122
Lafayette	1	102	1	12
Langlade	1	173	0	0
Lincoln	3	210	0	0
Manitowoc	6	260	3	121

(continued)

**Table 6. Specialized Capacity of Skilled Nursing Facilities by County, Wisconsin 1998**

County of Location	Medicare-Certified Facilities	Medicare-Certified Beds	Alzheimer's Units	Alzheimer's Beds
Marathon	6	599	1	30
Marinette	6	274	4	67
Marquette	1	64	0	0
Milwaukee	55	5,261	19	771
Monroe	3	180	1	34
Oconto	3	197	1	16
Oneida	2	81	2	56
Outagamie	10	746	4	125
Ozaukee	4	383	1	34
Pepin	2	74	0	0
Pierce	5	231	1	20
Polk	3	86	1	17
Portage	2	70	0	0
Price	2	99	1	30
Racine	7	594	3	188
Richland	1	22	1	10
Rock	8	538	3	123
Rusk	2	108	0	0
St. Croix	9	523	1	10
Sauk	4	318	1	16
Sawyer	2	54	0	0
Shawano	4	86	2	27
Sheboygan	8	363	2	60
Taylor	2	114	0	0
Trempealeau	5	337	1	24
Vernon	4	365	0	0
Vilas	1	77	0	0
Walworth	7	311	1	67
Washburn	1	70	0	0
Washington	4	675	1	96
Waukesha	15	1,449	5	226
Waupaca	9	442	3	82
Waushara	2	88	0	0
Winnebago	6	558	3	76
Wood	5	370	1	32

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: This table shows two aspects of specialized capacity among skilled nursing facilities: (1) facilities that are certified to provide Medicare-reimbursed care, and the number of beds for which they are certified to provide this care: and (2) facilities with self-designated special Alzheimer's units, and the number of beds in those units.

- Milwaukee County had 1,250 more Medicare-certified beds in 1998 than in 1997, but had 70 fewer beds in special Alzheimer's units.

**Table 7. Average Per Diem Rates by Care Level and Primary Pay Source, Wisconsin 1998**

Level of Care	Average Per Diem Rate (in Dollars)					All Sources
	Medicare	Medicaid	Private Pay	Managed Care	Other Sources	
Intense Skilled Nursing	\$260	\$112	\$149	\$308*	\$136	\$142
Skilled Nursing	258	96	130	218	128	119
Intermediate	NA	83	117	---	112	90
Limited	NA	72	108	---	155	87
Personal	NA	69*	85*	---	---	82*
Residential	NA	---	73*	---	---	73*
Developmental Disabilities (DD1A)	NA	141	148*	440*	---	142
Developmental Disabilities (DD1B)	NA	145	171*	---	---	145
Developmental Disabilities (DD2)	NA	128	145*	---	---	128
Developmental Disabilities (DD3)	NA	101	57*	---	---	92
Traumatic Brain Injury	---	491*	---	---	---	491*
Ventilator-Dependent	485*	350*	---	---	---	367*
All Levels	\$258	\$98	\$129	\$227	\$127	\$117

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Rates shown in this table are the average daily rate for each pay source and level of care category weighted by the number of residents receiving care at a particular rate.

An “NA” indicates Not Applicable. (Medicare does not pay for any level of care other than intense skilled nursing, skilled nursing, traumatic brain injury and ventilator-dependent care.)

A “\*” indicates that the per diem rate for that category was calculated based on rates for less than 30 residents; rates for those few residents may not be representative of typical rates. The symbol “---” indicates that there were no residents in that category.

The category “Other Sources” includes mostly residents whose primary pay source was the Department of Veterans Affairs.

See Technical Notes for definitions of all level of care categories shown in this table.

- The average per diem rate in 1998 for the care received by nursing home residents was \$117. This rate represented a 4 percent increase over the 1997 average per diem rate of \$112, and a 73 percent increase over the 1990 rate of \$68.
- Medicare paid the highest per diem rate for skilled nursing care (\$258), followed by managed care plans (\$218).

**Table 8. Number of Nursing Homes Providing Services to People Not Residing in the Facility, Selected Years, Wisconsin 1998**

Type of Service	1985	1990	1995	1996	1997	1998
Home Health Care	10	8	9	11	15	10
Supportive Home Care						
Personal care	6	7	14	15	12	14
Household services	--	8	13	12	13	11
Day Services	7	9	23	23	22	24
In community setting	1	0	4	5	5	5
In nursing home setting	7	9	21	18	17	20
Respite Care	45	66	120	135	139	144
In patient's home	4	6	6	3	3	4
In nursing home setting	41	61	116	134	139	142
Adult Day Care	77	79	88	78	80	88
In community setting	5	7	7	10	11	12
In nursing home setting	72	72	82	69	71	79
Adult Day Health Care	--	2	10	12	13	16
Congregate Meals	28	38	47	53	50	49
In community setting	20	29	33	38	38	35
In nursing home setting	9	14	18	17	14	15
Home-Delivered Meals	67	66	62	67	66	60
Other Meal Services	22	29	36	36	42	46
Referral Service	60	37	36	45	39	37
Transportation	19	24	28	27	30	30

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Services listed in this table are defined in the Technical Notes.

Nursing homes may offer specific services in more than one setting.

A dash ("--") indicates information not separately reported in 1985.

- Respite care, adult day care and home-delivered meals (see definitions on page 42) were the services most often provided by nursing homes to non-residents.
- While the number of nursing homes providing services to non-residents has generally increased since 1985, only a few provide these services outside the nursing home in a community setting.

**Table 9. Frequency of Family Council Meetings by Nursing Home Ownership Category, Wisconsin 1998**

Ownership Category							All Homes	
Governmental		Nonprofit		Proprietary				
Frequency of Meeting	Number	Percent	Number	Percent	Number	Percent	Number	Percent
No Family Council	56	71	98	60	118	57	272	61
As often as needed	3	4	6	4	6	3	15	3
Less than quarterly	0	0	4	2	4	2	8	2
Once in three months	5	6	27	17	43	21	75	17
Once a month	10	13	16	10	27	13	53	12
Once a week	0	0	0	0	2	1	2	0
Other	5	6	12	7	7	3	24	5
Total	79	100%	163	100%	207	100%	449	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Fourteen facilities did not respond to this question.

Federal Health Care Financing Administration (HCFA) regulations require that, if nursing home residents and their families wish to organize a resident/family group, the facility must allow them to do so without interference, and must provide the group with space, privacy for meetings, and staff support. The purpose of these meetings is to discuss and offer suggestions about facility policies and procedures affecting residents' care, treatment and quality of life. This group is referred to as a "Family Council."

- In 1998, 61 percent of Wisconsin nursing homes reported that they did not have Family Council meetings. Governmental homes were most likely to report they had no Family Council.
- Twelve percent of all nursing homes reported they had a Family Council meeting once a month.

**Table 10. Nursing Home Employees, Wisconsin 1998**

<b>Employee Category</b>	<b>Full-Time Equivalent Employees (FTEs)</b>	<b>FTEs per 100 Residents</b>
<b>Nursing Services</b>		
Registered Nurses	4,932.6	11.6
Licensed Practical Nurses	3,284.3	7.7
Nursing Assistants/Aides	16,803.7	39.4
Certified Medication Aides	176.6	0.4
<b>Therapeutic Services</b>		
Physicians and Psychiatrists	17.1	<0.1
Psychologists	17.0	<0.1
Dentists	2.0	<0.1
Activity Directors and Staff	1,384.4	3.2
Physical Therapists and Assistants	423.7	1.0
Occupational Therapists and Assistants	325.8	0.8
Recreational Therapists	127.0	0.3
Restorative Speech Therapists	70.3	0.2
AODA Counselors	6.8	<0.1
Qualified Mental Retardation Specialists	88.1	0.2
Qualified Mental Health Professionals	8.1	<0.1
<b>Other Services</b>		
Dietitians and Food Workers	5,046.6	11.8
Social Workers	751.7	1.8
Medical Records Staff	510.0	1.2
Administrators	502.8	1.2
Pharmacists	60.0	0.1
Other Health Prof. And Technical Personnel	1,135.9	2.7
Other Non-Health Professionals and Non-Technical Personnel	6,435.3	15.1
<b>Statewide Total</b>	<b>42,116.8</b>	<b>98.8</b>

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- Nursing assistants were by far the largest category of full-time equivalent nursing home employees statewide, with 39.4 FTEs per 100 residents.
- Among all nursing home therapeutic staff statewide, “activity directors and staff” represented the largest group (3.2 FTEs per 100 residents).

**Table 11. Nursing Staff Hours (By Shift) per 100 Residents, Skilled Nursing Facilities, Wisconsin, January 10-23, 1999**

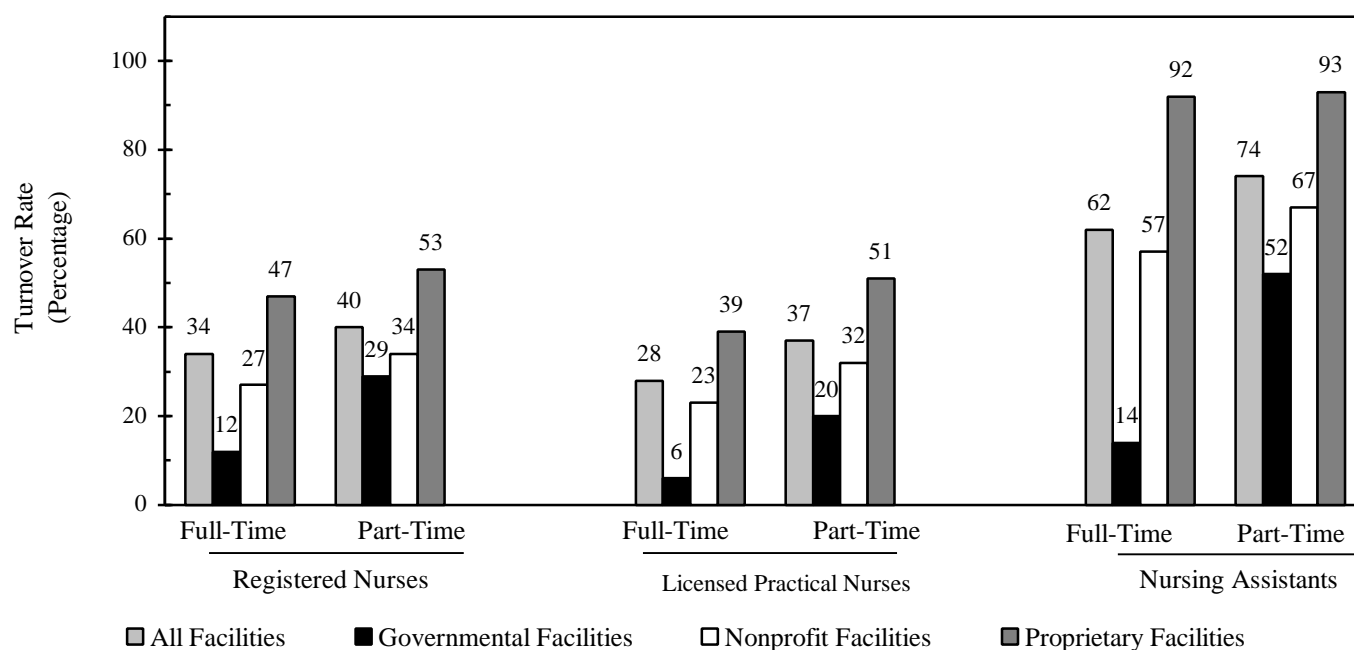
		Direct Care Hours Worked per 100 Residents						All Residents
		Registered Nurses			Licensed Practical Nurses			
		Day	Evening	Night	Day	Evening	Night	
Week 1	Sunday	19.6	17.0	10.8	17.1	15.9	8.2	39,702
	Monday	37.2	19.9	10.8	20.4	16.4	8.2	39,771
	Tuesday	38.5	20.5	11.3	21.4	15.8	7.8	39,763
	Wednesday	38.9	20.4	11.3	21.1	16.2	7.7	39,799
	Thursday	38.0	20.4	11.1	20.8	17.0	7.9	39,834
	Friday	34.7	19.2	10.6	20.7	15.9	7.9	39,866
	Saturday	20.0	18.1	10.5	17.6	15.5	7.9	39,805
Week 2	Sunday	19.7	18.3	11.1	18.3	14.7	7.5	39,743
	Monday	35.5	19.3	11.1	19.9	16.6	7.9	39,762
	Tuesday	37.8	19.9	11.1	21.6	16.5	8.0	39,788
	Wednesday	38.8	20.0	11.5	20.9	17.2	7.7	39,791
	Thursday	37.3	20.0	11.2	21.0	16.1	7.5	38,788
	Friday	34.6	19.6	10.9	19.8	15.9	7.7	39,830
	Saturday	19.7	17.3	10.8	18.9	15.9	7.9	39,749
Average		32.2	19.3	11.0	20.0	16.1	7.9	39,785
		Nursing Assistants/Aides			Single-Task Workers			All Residents
		Day	Evening	Night	Day	Evening	Night	
Week 1	Sunday	89.4	74.6	37.6	2.3	1.3	0.1	39,702
	Monday	101.4	74.9	40.7	3.1	1.4	0.0	39,771
	Tuesday	107.9	76.4	39.6	3.1	1.6	0.1	39,763
	Wednesday	107.5	78.9	39.7	3.2	1.6	0.0	39,799
	Thursday	107.3	76.2	39.6	3.4	1.4	0.1	39,834
	Friday	102.1	74.7	38.9	3.0	1.6	0.0	39,866
	Saturday	91.2	74.0	37.4	2.4	1.3	0.0	39,805
Week 2	Sunday	89.3	74.8	38.3	2.4	1.3	0.1	39,743
	Monday	99.2	76.3	39.2	3.1	1.6	0.1	39,762
	Tuesday	102.3	76.4	39.8	3.2	1.6	0.1	39,788
	Wednesday	106.1	76.6	40.1	3.3	1.6	0.0	39,791
	Thursday	106.6	77.5	39.6	3.0	1.6	0.0	38,788
	Friday	99.1	75.2	38.6	3.0	1.6	0.1	39,830
	Saturday	89.6	73.9	38.6	2.4	1.5	0.0	39,749
Average		99.9	75.7	39.1	2.9	1.5	0.1	39,785

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: This table is based on the total paid direct resident care hours worked for each category of nursing staff. A single-task worker is someone who is not certified, licensed or registered, and is trained to perform only a single direct-care task. This table only includes residents at the ISN, SN, ICF-1 and ICF-2 levels of care. The specific hours included in the day, evening, and night shifts may vary between facilities.

- Each category of nursing staff worked 2 to 3 times more direct care hours during the day shift than during the night shift.
- The ratio of day shift direct nursing care hours to residents was much higher during the week than on the weekend.

**Figure 1. Nursing Staff Turnover Rate by Facility Ownership, 1998**

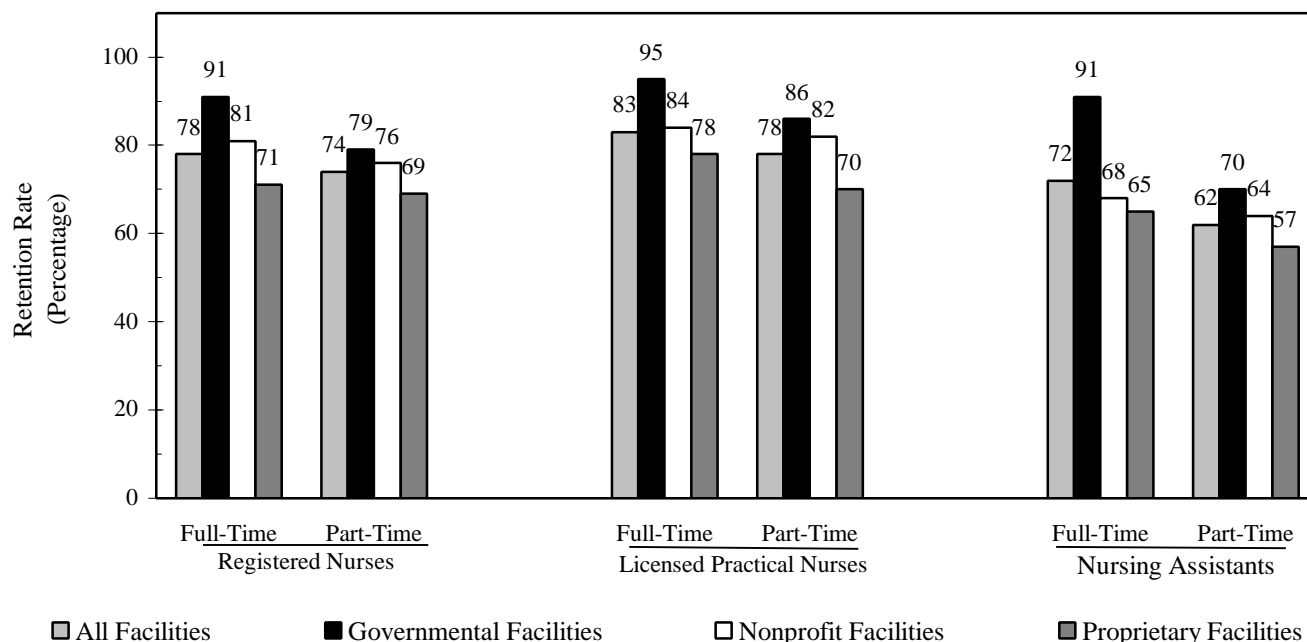


Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: The turnover rate is the number of employees in a given category hired during the year, calculated as a percentage of all employees in that category. The smaller the percentage, the lower the turnover rate and the greater the continuity of employment.

- Statewide, licensed practical nurses had the lowest nursing staff turnover rate during 1998 (28 percent for full-time and 37 percent for part-time LPNs), while nursing assistants had the highest (62 percent for full-time and 74 percent for part-time NAs). These percentages were similar to those reported for 1997.
- Governmental homes had the lowest turnover rate among all nursing staff, while proprietary homes had by far the highest.

**Figure 2. Nursing Staff Retention Rate by Facility Ownership, Wisconsin 1998**



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: The retention rate is the percentage of employees who have worked at a facility for more than one year. This measure provides a sense of the stability of a nursing home's staff.

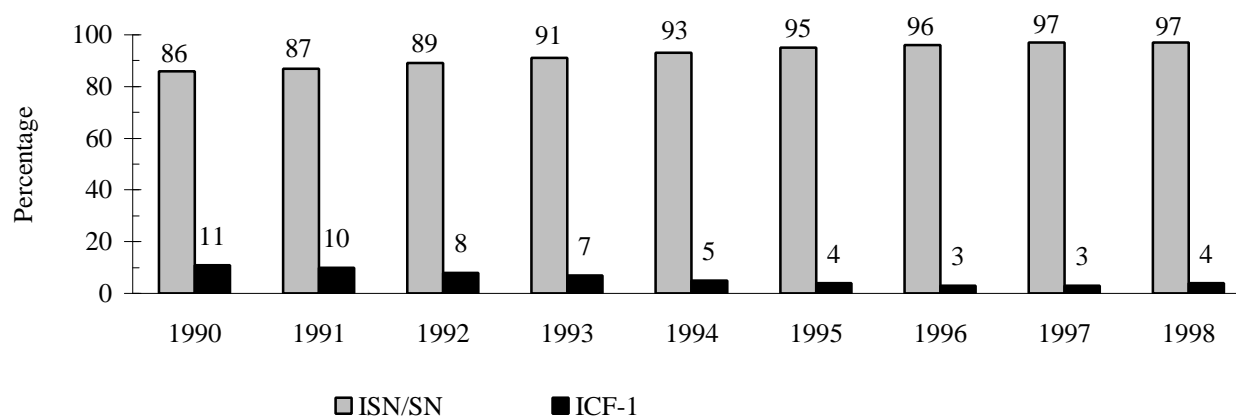
- In all three types of facilities, retention rates for full-time nursing staff were generally higher than those for part-time nursing staff.
- Governmental facilities had the highest retention rate for each nursing staff category, while proprietary facilities had the lowest.

**Table 12. Level of Care for Nursing Home Residents at Time of Admission, Wisconsin 1990-1998**

Year	Level of Care at Admission									Total
	ISN	SN	ICF-1	ICF-2	ICF-3	ICF-4	DD	TBI	Vent-Depend.	
1990	404	23,111	2,924	313	58	21	379	---	---	27,210
1991	478	25,044	2,919	255	48	18	432	---	---	29,194
1992	504	26,757	2,571	188	35	11	479	---	---	30,545
1993	566	27,902	2,120	165	32	6	385	---	---	31,176
1994	590	33,391	1,982	154	26	6	321	---	---	36,470
1995	692	36,792	1,565	79	14	5	277	---	---	39,424
1996	3,801	38,235	1,252	85	12	3	312	24	12	43,736
1997	4,790	42,634	1,249	57	17	0	264	30	26	49,067
1998	3,771	46,014	1,244	82	16	5	279	37	13	51,543

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: DD (Developmental Disabilities) became a separate level of care in 1989, and TBI (Traumatic Brain Injury) and Ventilator-Dependent were added as separate levels of care in 1996. Totals for each year do not include residents whose primary level of care at admission was not reported. See Technical Notes for definitions of all level of care categories shown in this table.

**Figure 3. Level of Care at Admission, Wisconsin 1990-1998**


Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: ISN refers to Intense Skilled Nursing Care, SN refers to Skilled Nursing, and ICF-1 refers to Intermediate Care.

- From 1990 to 1998, the percent of residents who required intense skilled nursing or skilled nursing care at time of admission to a nursing home increased from 86 percent to 97 percent.

**Table 13. Primary Pay Source at Admission for Nursing Home Residents, Wisconsin 1990-1998**

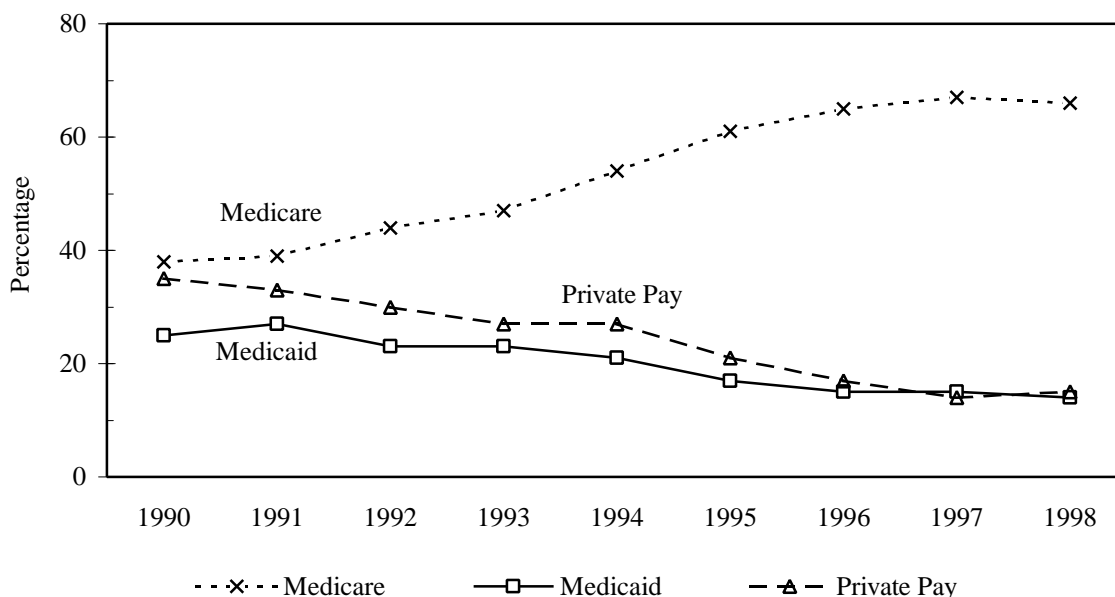
Year	Primary Pay Source at Admission					Total
	Medicare	Medicaid	Private Pay	Managed Care	Other Source	
1990	10,280	6,993	9,406	---	654	27,333
1991	11,258	7,426	9,587	---	473	28,744
1992	13,329	7,046	8,914	---	777	30,066
1993	14,743	6,912	8,457	---	679	30,791
1994	19,863	7,504	8,257	---	846	36,470
1995	24,250	6,280	8,138	---	479	39,147
1996	28,283	6,538	7,442	725	748	43,736
1997	33,115	7,207	6,915	1,165	910	49,312
1998	34,214	7,108	7,785	1,812	542	51,543

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Managed care plans were not asked about as a separate pay source until 1996.

The category "Other Source" includes mostly residents whose primary pay source was the Department of Veterans Affairs.

Totals do not include residents whose primary pay source at admission was not reported.

**Figure 4. Primary Pay Source at Admission, Wisconsin 1990-1998**


Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- Medicare was the primary pay source at time of admission for 66 percent of Wisconsin nursing home residents admitted in 1998, compared to only 38 percent in 1990. Private pay as a primary pay source decreased from 34 percent of new admissions in 1990 to 15 percent in 1998, while Medicaid declined from 26 percent to 14 percent.

**Table 14. Primary Pay Source at Admission by Level of Care, Wisconsin 1998**

Level of Care At Admission	Pay Source at Admission					Total
	Medicare	Medicaid	Private Pay	Managed Care	Other Sources	
Intense Skilled Nursing	2,863	331	194	364	19	3,771
Skilled Nursing	31,342	5,833	6,903	1,445	491	46,014
Intermediate	NA	651	567	---	26	1,244
Limited	NA	21	58	---	3	82
Personal	NA	NA	15	---	1	16
Residential	NA	NA	5	---	---	5
Developmental						
Disabilities (DD1A)	NA	78	1	1	---	80
Developmental						
Disabilities (DD1B)	NA	86	30	---	1	117
Developmental						
Disabilities (DD2)	NA	66	3	---	1	70
Developmental						
Disabilities (DD3)	NA	7	5	---	---	12
Traumatic Brain Injury	---	33	4	---	---	37
Ventilator-Dependent	9	2	0	2	---	13
<b>Total</b>	<b>34,214</b>	<b>7,108</b>	<b>7,785</b>	<b>1,812</b>	<b>542</b>	<b>51,543</b>
<b>Percent of All Residents</b>	<b>66</b>	<b>14</b>	<b>15</b>	<b>4</b>	<b>1</b>	<b>100</b>

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Total includes 82 residents for whom primary pay source and/or level of care was not reported.

An “NA” indicates Not Applicable. (Medicare does not pay for any level of care other than intense skilled nursing, skilled nursing, traumatic brain injury and ventilator-dependent care. Medicaid does not pay for new admissions at the Personal or Residential levels of care.)

The category “Other Sources” includes mostly residents whose primary pay source was the Department of Veterans Affairs.

“---” indicates that there were no residents in that category.

Percentages do not add to 100 percent due to rounding and are based on a total of 51,461 residents for whom primary pay source was reported.

See Technical Notes for definitions of all level of care categories shown in this table.

- Of those persons who were admitted to Wisconsin nursing homes in 1998, 89 percent initially received skilled nursing care and 66 percent had Medicare as their primary pay source.
- Four percent of all persons admitted in 1998 were covered by managed care plans, compared to 2 percent in 1997.

**Table 15. Nursing Home Resident Age and Level of Care at Admission, Wisconsin 1998**

Level of Care At Admission	Age at Admission							Total
	<20	20-54	55-64	65-74	75-84	85-94	95+	
Intense Skilled Nursing	5	195	241	645	1,165	715	71	3,037
Skilled Nursing	7	1,583	2,068	7,810	18,141	14,694	1,733	46,036
Intermediate	1	92	85	162	413	403	88	1,244
Limited	0	6	5	17	14	31	9	82
Personal	0	0	0	1	6	9	0	16
Residential	0	0	0	0	1	3	1	5
Developmental								
Disabilities (DD1A)	16	42	15	4	2	1	0	80
Developmental								
Disabilities (DD1B)	7	101	7	2	0	0	0	117
Developmental								
Disabilities (DD2)	4	52	10	3	1	0	0	70
Developmental								
Disabilities (DD3)	1	6	0	4	1	0	0	12
Traumatic Brain Injury	2	33	1	0	0	1	0	37
Ventilator-Dependent	0	0	3	6	4	0	0	13
<b>Total, All Levels</b>	<b>43</b>	<b>2,110</b>	<b>2,435</b>	<b>8,654</b>	<b>19,748</b>	<b>15,857</b>	<b>1,902</b>	<b>51,543</b>
<b>Percent of All Residents</b>	<b>&lt;1</b>	<b>4</b>	<b>5</b>	<b>17</b>	<b>38</b>	<b>31</b>	<b>4</b>	<b>100%</b>

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Total includes 794 residents for whom level of care and/or age was not reported.

Percentages do not add to 100 percent due to rounding.

See Technical Notes for definitions of all level of care categories shown in this table.

- Most persons admitted to Wisconsin nursing homes in 1998 were aged 75 and older: 38 percent were aged 75-84 and 35 percent were aged 85 and older. Only about 10 percent of persons admitted were under 65 years of age.

**Table 16. Care Location of Nursing Home Residents Prior to Admission, Wisconsin 1998**

Care Location	Nursing Home License Type						Total	
	SNFs/ICFs		FDDs		IMDs			
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Private home/apt. with no home health services	4,466	9%	106	40%	6	5%	4,578	9%
Private home/apt. with home health services	1,686	3	9	3	0	0	1,695	3
Board and care/ assisted living/ group home	1,243	2	44	17	10	8	1,297	3
Nursing home	2,520	5	23	9	8	6	2,551	5
Acute care hospital	39,878	78	29	11	29	22	39,936	77
Psychiatric hospital, MR/DD facility	521	1	47	18	69	52	637	1
Rehabilitation hospital	400	1	2	1	0	0	402	1
Other	431	1	6	2	10	8	447	1
Total	51,145	100%	266	100%	132	100%	51,543	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Percentages may not add to 100 percent due to rounding.

- Most persons admitted to skilled nursing and intermediate care facilities in 1998 were admitted directly from acute care hospitals (78 percent). Nine percent were admitted from private residences and were not receiving home health agency services prior to admission.
- Forty percent of those admitted to facilities for the developmentally disabled (FDDs) came from private residences where they received no home health agency services.

**Table 17. Discharge Status or Care Destination of Nursing Home Residents Discharged Wisconsin 1998**

Discharge Status/ Care Destination	Nursing Home License Type						Total	
	SNFs/ICFs		FDDs		IMDs			
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Private home/apt. with no home health services	11,545	22%	77	26%	16	7%	11,638	22%
Private home/apt. with home health services	9,602	18	16	5	10	5	9,628	18
Board and care/ assisted living/ group home	2,981	6	63	21	42	20	3,086	6
Nursing home	2,919	6	15	5	97	45	3,031	6
Acute care hospital	8,092	16	24	8	11	5	8,127	15
Psychiatric hospital, MR/DD facility	272	1	22	7	12	6	306	1
Rehabilitation hospital	251	<1	0	0	0	0	251	0
Other	426	1	11	4	8	4	445	1
Deceased	16,001	31	72	24	19	9	16,092	31
Total	52,089	100%	300	100%	215	100%	52,604	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Percentages may not add to 100 percent due to rounding.

- Among those residents discharged from skilled care or intermediate care facilities (SNFs/ICFs) in 1998, 22 percent were discharged to private residences and were not receiving home health agency services. An additional 18 percent were discharged to private residences and were receiving home health services.

**Table 18. Nursing Home Utilization Rates, Wisconsin 1985-1998**

Year	Age-Specific Rates per 1,000 Population					65+	85+
	55-64	65-74	75-84	85-94	95+		
1985	6	19	78	289	588	68	312
1986	6	19	78	275	571	68	298
1987	6	18	76	240	529	65	263
1988	6	17	70	250	577	63	276
1989	5	17	70	251	591	64	278
1990	5	16	69	253	585	64	280
1991	5	15	65	245	484	61	268
1992	5	15	64	249	495	62	273
1993	5	14	61	236	537	60	261
1994	5	15	62	238	556	62	264
1995	5	15	64	227	470	61	247
1996	4	14	59	222	520	59	247
1997	4	13	57	211	505	58	235
1998	4	13	54	194	468	55	217

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Age-specific utilization rates are defined as the number of nursing home residents in an age group per 1,000 Wisconsin population in that age group on December 31 of each year shown.  
The rates per 1,000 population for those age 65 and over and 85 and over are used as general indicators of nursing home use.

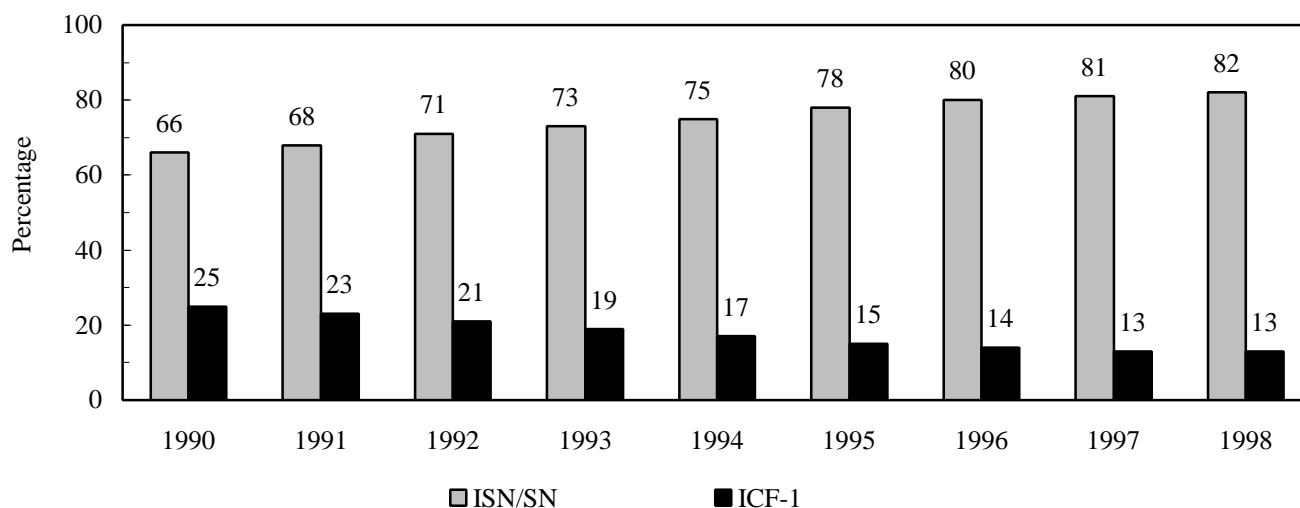
- In all age groups, Wisconsin nursing home utilization rates for 1998 were consistently lower than those for 1985.
- From 1988 to 1998, the Wisconsin nursing home utilization rate for all persons aged 65 and over decreased by 13 percent, from 63 residents per 1,000 population to 55 per 1,000. During this time, the utilization rate for those aged 85 and older declined 21 percent.
- In 1998, about one-fifth of Wisconsin adults aged 85-94 and nearly half of those aged 95 and older resided in a nursing home.

**Table 19. Level of Care for Nursing Home Residents, Wisconsin, December 31, 1990-1998**

Year	Level of Care									Total
	ISN	SN	ICF-1	ICF-2	ICF-3	ICF-4	DD	TBI	Vent-Depend.	
1990	1,072	29,723	11,825	1,296	340	114	2,166	---	---	46,536
1991	1,062	28,462	9,983	865	183	50	2,940	---	---	43,545
1992	1,185	31,487	9,461	733	166	44	2,977	---	---	46,053
1993	1,172	31,753	8,785	619	127	29	2,858	---	---	45,343
1994	1,088	34,401	8,128	459	97	112	2,760	---	---	47,045
1995	1,053	34,908	7,043	360	55	18	2,486	---	---	45,923
1996	1,621	34,441	6,461	268	47	14	2,309	11	14	45,186
1997	1,562	34,085	5,882	242	41	11	2,223	19	17	44,082
1998	1,424	33,371	5,331	225	29	10	2,194	14	16	42,631

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: DD (Developmental Disabilities) became a separate level of care in 1989, while TBI (Traumatic Brain Injury) and Ventilator-Dependent were added as separate levels of care in 1996. Totals for each year do not include residents whose level of care was not reported.

**Figure 5. Level of Care, Wisconsin, December 31, 1990-1998**


Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: ISN refers to Intense Skilled Nursing, SN refers to Skilled Nursing, and ICF-1 refers to Intermediate Care.

- The percent of residents who were receiving intense skilled nursing or skilled nursing care on the last day of the year increased from 66 percent in 1990 to 82 percent in 1998.

**Table 20. Primary Pay Source by Level of Care, Wisconsin, December 31, 1998**

Level of Care	Primary Pay Source on December 31					Total
	Medicare	Medicaid	Private Pay	Managed Care	Other Sources	
Intense Skilled Nursing	206	971	209	22	16	1,424
Skilled Nursing	2,662	22,005	8,218	236	250	33,371
Intermediate	NA	4,189	1,113	---	29	5,331
Limited	NA	134	90	---	1	225
Personal	NA	4	25	---	---	29
Residential	NA	---	10	---	---	10
Developmental Disabilities (DD1A)	NA	576	4	1	---	581
Developmental Disabilities (DD1B)	NA	626	2	---	---	628
Developmental Disabilities (DD2)	NA	834	12	---	---	846
Developmental Disabilities (DD3)	NA	111	28	---	---	139
Traumatic Brain Injury	---	14	---	---	---	14
Ventilator-Dependent	2	14	---	---	---	16
<b>Total, All Levels</b>	<b>2,870</b>	<b>29,478</b>	<b>9,711</b>	<b>259</b>	<b>296</b>	<b>42,631</b>
<b>Percent of All Residents</b>	<b>7%</b>	<b>69%</b>	<b>23%</b>	<b>1%</b>	<b>1%</b>	<b>100%</b>

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: An "NA" indicates Not Applicable. (Medicare does not pay for any level of care other than intense skilled nursing, skilled nursing, traumatic brain injury and ventilator-dependent care.)

"---" indicates that there were no residents in that category.

The category "Other Sources" includes mostly residents whose primary pay source was the Department of Veterans Affairs.

Total includes 17 residents for whom level of care and/or primary source of payment was not reported.

See Technical Notes for definitions of all level of care categories shown in this table.

The row "Percent of All Residents" does not add to 100 percent due to rounding.

- On December 31, 1998, 69 percent of Wisconsin nursing home residents had Medicaid as their primary pay source, while 23 percent of residents were private pay.
- Most Wisconsin nursing home residents (78 percent) were receiving skilled nursing care on December 31, 1998.

## Nursing Home Residents

**Table 21. Percent of Nursing Home Residents by Age Group by Primary Disabling Diagnosis, Wisconsin, December 31, 1998**

Primary Disabling Diagnosis	Age Group						Total
	<55	55-64	65-74	75-84	85-94	95+	
Mental Retardation	45%	20%	6%	1%	0%	0%	5%
Cerebral Palsy	1	2	1	0	0	0	0
Epilepsy	0	1	0	0	0	0	0
Autism	1	0	0	0	0	0	0
Multiple Developmental Disabilities	3	1	0	0	0	0	0
Other Developmental Disabilities	1	1	0	0	0	0	0
<b>Subtotal of Developmental Disabilities</b>	<b>50</b>	<b>24</b>	<b>7</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>6</b>
Alzheimer's Disease	0	3	8	13	12	9	10
Other Organic/Psychotic	2	7	10	15	17	18	14
Organic/Non-Psychotic	2	2	2	3	3	4	3
Non-Organic/Psychotic	11	13	9	5	3	2	5
Non-Organic/Non-Psychotic	2	2	2	2	2	2	2
Other Mental Disorders	0	0	0	0	0	0	0
<b>Subtotal of Mental Disorders</b>	<b>17</b>	<b>27</b>	<b>32</b>	<b>37</b>	<b>37</b>	<b>35</b>	<b>34</b>
Paraplegic	1	1	1	0	0	0	0
Quadriplegic	2	2	0	0	0	0	0
Hemiplegic	1	2	2	1	1	0	1
<b>Subtotal of Physical Disabilities</b>	<b>3</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>2</b>
Cancer	1	2	3	3	2	2	2
Fractures	1	2	3	5	7	7	5
Cardiovascular Disease	1	5	9	13	18	24	14
Cerebrovascular Disease	3	9	13	12	10	7	10
Diabetes	1	4	5	5	4	2	4
Respiratory Diseases	1	3	5	5	4	3	4
Alcohol & Other Drug Abuse	1	1	1	0	0	0	0
Other Medical Conditions	19	18	18	17	17	20	18
<b>Subtotal of Medical Conditions</b>	<b>29</b>	<b>44</b>	<b>58</b>	<b>60</b>	<b>62</b>	<b>65</b>	<b>58</b>
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Number of Residents</b>	<b>2,597</b>	<b>1,832</b>	<b>4,604</b>	<b>13,284</b>	<b>16,713</b>	<b>3,601</b>	<b>42,631</b>

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Percentages are calculated separately for each age group and may not add to 100 percent due to rounding.

- Over 25 percent of nursing home residents in each group aged 55 and older had a primary diagnosis of mental disease or disorder. Alzheimer's disease was the primary diagnosis for 10 percent of all residents.
- Cardiovascular disease was the primary disabling diagnosis for 18 percent of residents aged 85-94 and 24 percent of residents aged 95 and older.

**Table 22. Length of Stay of Nursing Home Residents by License Type, Wisconsin, December 31, 1998**

Length of Stay	License Type							
	SNFs/ICFs		FDDs		IMDs		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Less than 1 year	13,396	33%	151	8%	54	26%	13,601	32%
1-2 years	7,276	18	100	5	25	12	7,401	17
2-3 years	5,294	13	98	5	52	25	5,444	13
3-4 years	3,753	9	91	5	3	1	3,847	9
4-5 years	2,815	7	86	4	11	5	2,912	7
5 or more years	7,884	20	1,480	74	62	30	9,426	22
Total	40,418	100%	2,006	100%	207	100%	42,631	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Percentages may not add to 100 percent due to rounding. SNFs are Skilled Nursing Facilities; ICFs are Intermediate Care Facilities; FDDs are Facilities for the Developmentally Disabled; IMDs are Institutions for Mental Diseases.

- As of December 31, 1998, 33 percent of residents of SNFs and ICFs had been in the nursing home less than one year. At the other extreme, 20 percent had been the facility five or more years.
- The majority of FDD residents (74 percent) had been in the facility five or more years.

**Table 23. Age of Nursing Home Residents by License Type, Wisconsin, December 31, 1998**

Age of Resident	License Type							
	SNFs/ICFs		FDDs		IMDs		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Less than 20 years	11	0%	35	2%	0	0%	46	0%
20-54 years	1,295	3	1,182	59	74	36	2,551	6
55-64 years	1,449	4	351	17	32	15	1,832	4
65-74 years	4,301	11	251	13	52	25	4,604	11
75-84 years	13,104	32	152	8	28	14	13,284	31
85-94 years	16,661	41	35	2	17	8	16,713	39
95+ years	3,597	9	0	0	4	2	3,601	8
All ages	40,418	100%	2,006	100%	207	100%	42,631	100%
65+ years	37,663	93%	438	22%	101	49%	38,202	90%
85+ years	20,258	50%	35	2%	21	10%	20,314	48%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Percentages may not add to 100 percent due to rounding. SNFs are Skilled Nursing Facilities; ICFs are Intermediate Care Facilities; FDDs are Facilities for the Developmentally Disabled; IMDs are Institutions for Mental Diseases.

- Residents of SNFs and ICFs are likely to be much older than residents of FDDs and IMDs. Fifty percent of SNF/ICF residents were 85 years or older, compared to 2 percent of FDD residents and 10 percent of IMD residents.

**Table 24. Selected Court-Ordered Conditions of Nursing Home Residents, Wisconsin, December 31, 1998**

License Type	Placed Under Chapter 51		Has Court-Appointed Guardian		Protectively Placed		Has Activated Power of Attorney for Health Care	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
SNFs/ICFs	396	1%	8,323	21%	7,221	18%	11,667	29%
FDDs	403	20	1,926	96	1,619	81	6	0
IMDs	21	10	147	71	145	70	0	0
Total	820	2	10,396	24	8,985	21	11,673	27

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- Twenty percent of FDD residents in 1998 were placed in the facility under Chapter 51 of Wisconsin Statutes (the Mental Health Act of 1971) to receive integrated treatment and rehabilitative services.
- Ninety-six percent of FDD residents and 71 percent of IMD residents had a guardian appointed by the court under Chapter 880, Wisconsin Statutes. A guardian is appointed to make health care decisions after a court determines that a person is incompetent to do so.
- Eighty-one percent of FDD residents and 70 percent of IMD residents were protectively placed in the facility under Chapter 55 of Wisconsin Statutes (the Protective Services Act).
- An activated power of attorney for health care takes effect when two physicians (or one physician and one licensed psychologist) personally examine a person and sign a statement specifying that the person is unable to receive and evaluate health care information or to effectively manage health care decisions. Twenty-nine percent of SNF/ICF residents were reported to have an activated power of attorney for health care.

**Table 25. Nursing Home Residents With Medical Assistance as Primary Pay Source by Eligibility Date and Facility License Type, Wisconsin, December 31, 1998**

Eligibility Date for Medical Assistance	Males		Females		Total	
	Number	Percent	Number	Percent	Number	Percent
<b>All Facilities</b>						
At time of admission	4,614	52	9,155	45	13,769	47
1-30 days after admission	651	7	1,678	8	2,329	8
31 days–1 year after admission	1,748	20	4,665	23	6,413	22
More than 1 year after admission	1,058	12	3,598	18	4,656	16
Unknown	771	9	1,339	7	2,110	7
Total	8,842	100%	20,435	100%	29,478	100%
<b>Skilled Nursing and Intermediate Care Facilities</b>						
At time of admission	3,820	49	8,396	43	12,216	45
1-30 days after admission	646	8	1,673	9	2,319	8
31 days–1 year after admission	1,729	22	4,651	24	6,380	23
More than 1 year after admission	958	12	3,476	18	4,434	16
Unknown	610	8	1,232	6	1,842	7
Total	7,763	100%	19,428	100%	27,392	100%
<b>Facilities for the Developmentally Disabled</b>						
At time of admission	756	73	701	74	1,457	73
1-30 days after admission	5	0	5	1	10	1
31 days–1 year after admission	19	2	12	1	31	2
More than 1 year after admission	100	10	121	13	221	11
Unknown	161	15	107	11	268	13
Total	1,041	100%	946	100%	1,987	100%
<b>Institutions for Mental Diseases</b>						
At time of admission	38	100	58	95	96	97
1-30 days after admission	0	0	0	0	0	0
31 days–1 year after admission	0	0	2	3	2	2
More than 1 year after admission	0	0	1	2	1	1
Unknown	0	0	0	0	0	0
Total	38	100%	61	100%	99	100%

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: Two nursing homes did not provide any data for this table, so that eligibility date and/or sex were unknown for 201 residents of skilled nursing or intermediate care facilities.

- Among residents of skilled nursing and intermediate care facilities, a larger proportion of males (49 percent) than females (43 percent) were eligible for Medical Assistance at time of admission. A larger proportion of females (18 percent) than males (12 percent) became eligible more than a year after admission.
- Almost three-fourths (73 percent) of residents of Facilities for the Developmentally Disabled and almost all (97 percent) residents of Institutions for Mental Diseases were eligible for Medical Assistance at time of admission.

**Table 26. Number of Residents Who Received Preadmission Screening and Resident Review (PASRR) by License Type, Medicaid-Certified Facilities, Wisconsin 1998**

	SNFs/ICFs	License Type		Total
		FDDs	IMDs	
Received PASRR Level II screens	3,336	31	85	3,452
Needed DD services	65	31	5	101
Needed MI services	368	0	81	449
Total admissions in 1998	45,730	266	132	46,128
Number of Facilities	400	38	3	441

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: The federal Preadmission Screening and Resident Review (PASRR) statutes and regulations apply to all individuals who seek admission to a Medicaid-certified nursing home, irrespective of pay source. The purpose of the PASRR process is to ensure that all individuals who have a mental illness or developmental disability (mental retardation)

- (1) are placed in a nursing facility only when their needs:
  - (a) cannot be met in an appropriate community placement; and
  - (b) do not require the specialized care and treatment of a psychiatric hospital; and
- (2) receive appropriate treatment for their mental illness or developmental disability if their independent functioning is limited due to their disability.

- In 1998, a total of 3,452 nursing home residents were reported to have received PASRR Level II screens. (No data was collected on Level I screens.) Of these, 101 were determined to need special services for developmental disabilities and 449 were determined to need special services for mental illness.

**Table 27. Resident Need for Help with Selected Activities of Daily Living (ADLs) by Age Groups (Medicare- and/or Medicaid-Certified Skilled Nursing Facilities Only), Wisconsin, December 31, 1998**

Wisconsin, December 31, 1998						
Selected Activities of Daily Living	Age Groups					Total
	<65	65-74	75-84	85-94	95+	
<b>Bed Mobility</b>						
Independent	49%	49%	47%	47%	42%	47%
Needs Supervision	3	5	5	5	6	5
Needs Limited Assistance	11	17	17	19	20	18
Needs Extensive Assistance	15	17	18	17	19	17
Totally Dependent	22	12	13	12	13	13
Activity did not occur	<1	<1	<1	<1	0	<1
Total Percent	100%	100%	100%	100%	100%	100%
Total Number	(2,680)	(4,250)	(12,950)	(20,120)	(3,518)	(40,000)
<b>Transfer</b>						
Independent	36%	35%	31%	25%	23%	28%
Needs Supervision	4	6	7	6	6	6
Needs Limited Assistance	12	17	20	18	23	19
Needs Extensive Assistance	15	19	22	19	25	20
Totally Dependent	33	22	21	15	22	19
Activity did not occur	1	1	<1	<1	<1	<1
Total Percent	100%	100%	100%	100%	100%	100%
<b>Toilet Use</b>						
Independent	31%	27%	23%	23%	19%	24%
Needs Supervision	4	6	6	7	6	6
Needs Limited Assistance	11	16	18	18	19	18
Needs Extensive Assistance	16	21	23	24	26	23
Totally Dependent	35	28	28	26	29	28
Activity did not occur	4	2	2	1	1	2
Total Percent	100%	100%	100%	100%	100%	100%
<b>Eating</b>						
Independent	49%	53%	51%	51%	47%	51%
Needs Supervision	17	20	21	22	21	21
Needs Limited Assistance	6	8	8	9	11	9
Needs Extensive Assistance	5	6	7	8	10	7
Totally Dependent	22	13	13	10	11	12
Activity did not occur	<1	<1	<1	<1	<1	<1
Total Percent	100%	100%	100%	100%	100%	100%

Source: Resident-based Minimum Data Set (MDS), latest assessment including quarterly assessments. See Technical Notes.

Notes: Residents for whom no information is available are excluded.

Bed mobility = How resident moves from to and from lying position, turns side to side, and positions body while in bed. Transfer = How resident moves between surfaces—to/from bed, chair, wheelchair, standing position. Toilet Use = How resident uses the toilet room (or commode, bedpan or urinal), transfers on/off toilet, cleanses, changes pad, manages ostomy or catheter, adjust clothes. Eating = How resident eats and drinks (regardless of skill), including intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition).

- Thirteen percent of nursing home residents were totally dependent in “bed mobility,” 19 percent were totally dependent in “transfer,” 28 percent were totally dependent in “toilet use,” and 12 percent were totally dependent in “eating.”
- Relative to other age groups, nursing home residents younger than 65 years of age were more likely to be totally dependent in ADLs.

**Table 28. Selected Characteristics of Nursing Home Residents by Age Groups (Medicare- and/or Medicaid-Certified Skilled Nursing Facilities Only), Wisconsin, December 31, 1998**

Selected Characteristics	Age Groups					Total
	<65	65-74	75-84	85-94	95+	
<b>Short-Term Memory</b>						
Adequate	50	43	31	25	22	30
Has problems	50	57	69	75	78	70
Total Percent	100%	100%	100%	100%	100%	100%
Total Number	(2,620)	(4,240)	(12,930)	(16,590)	(3,520)	(38,890)
<b>Long-Term Memory</b>						
Adequate	60	57	49	45	43	48
Has problems	40	43	51	55	57	52
Total Percent	100%	100%	100%	100%	100%	100%
<b>Cognitive Skills for Daily Decision-Making</b>						
Independent	26	28	22	19	18	21
Modified independence	22	23	23	23	24	23
Moderately impaired	35	33	37	39	39	37
Severely impaired	17	17	18	18	19	18
Total Percent	100%	100%	100%	100%	100%	100%
<b>Bladder Incontinence</b>						
Continent	53	46	40	37	31	39
Usually continent	6	8	8	9	10	9
Occasionally incontinent	7	7	9	9	11	9
Frequently incontinent	10	17	21	22	24	20
Incontinent all of the time	24	22	23	23	24	23
Total Percent	100%	100%	100%	100%	100%	100%
<b>Bowel Incontinence</b>						
Continent	55	57	55	56	53	55
Usually continent	6	8	9	10	11	9
Occasionally incontinent	4	7	7	8	8	7
Frequently incontinent	6	8	10	9	10	9
Incontinent all of the time	29	20	19	17	18	19
Total Percent	100%	100%	100%	100%	100%	100%

Source: Federally mandated resident-based Minimum Data Set (MDS), latest assessment including quarterly assessment. See Technical Notes.

Note: Residents for whom no information is available are excluded.

- In 1998, 70 percent of nursing home residents had problems with short-term memory, and a somewhat smaller proportion (52 percent) had problems with long-term memory. Both kinds of memory problems showed modest increases with advancing age.
- About 18 percent of nursing home residents were severely cognitively impaired. This percentage differed little by age.
- Forty-three percent of nursing home residents were incontinent of bladder “frequently” or “all of the time.”
- Twenty-eight percent of nursing home residents were incontinent of bowel “frequently” or “all of the time.”

**Table 29. Height and Weight of Nursing Home Residents by Sex and Age Groups, Medicare- and/or Medicaid-Certified Skilled Nursing Facilities, Wisconsin, December 31, 1998**

Sex/Age Groups	Mean	Std. Dev	Number	Range
<b>Height (in inches)</b>				
<b>Males</b>				
<65 years	68.9	4.0	1,560	48-78
65-74 years	68.4	3.6	2,180	43-78
75-84 years	68.1	3.5	4,790	42-78
85-94 years	67.6	3.5	3,760	42-78
95+years	66.8	3.5	430	52-75
All ages	68.0	3.6	12,720	42-78
<b>Females</b>				
<65 years	63.8	3.5	1,380	42-75
65-74 years	63.2	3.1	2,680	42-78
75-84 years	62.7	3.0	8,810	42-76
85-94 years	62.1	3.0	11,250	46-74
95+years	61.5	3.2	2,470	48-72
All ages	62.5	3.1	26,580	42-76
<b>Weight (in pounds)</b>				
<b>Males</b>				
<65 years	175.7	45.3	1,550	63-367
65-74 years	172.1	38.8	2,180	59-371
75-84 years	164.2	32.8	4,800	53-368
85-94 years	156.9	29.6	3,760	81-288
95+years	148.2	28.0	440	73-269
All ages	164.2	35.4	12,740	53-371
<b>Females</b>				
<65 years	163.6	49.7	1,380	63-375
65-74 years	157.1	44.1	2,680	68-358
75-84 years	142.2	35.9	8,820	55-360
85-94 years	130.6	28.9	11,260	55-350
95+years	121.9	26.3	2,470	57-272
All ages	138.0	35.9	26,600	55-375

Source: Resident-based Minimum Data Set (MDS), latest full assessment. See Technical Notes.

Notes: For purposes of the MDS assessment, the staff member was instructed to measure the resident's weight consistently in accord with standard facility practice (for example, in a.m., after voiding, before meal, with shoes off and in night dress).  
Reported values of height below 36 inches and above 78 inches, and weight below 50 pounds and above 375 pounds, were deemed to be reporting errors and excluded from this analysis. Residents without information on sex or age were also excluded.

- For both males and females, the higher the age, the lower the average height and weight.
- "Standard deviation" is a measure of the spread of scores around the mean (average) score. A decline with increasing age in the standard deviation for nursing home resident weight indicates that weight become less variable at older ages.



## Technical Notes

### MDS 2.0 Data (Tables 27, 28, and 29)

Detailed resident-based data were submitted by 424 Medicare- and Medicaid-certified Skilled Nursing Facilities, Intermediate Care Facilities and Institutions for Mental Diseases. These detailed data were derived from the federally mandated Minimum Data Set, Version 2 (MDS 2.0), which is used by these nursing homes to regularly assess each resident's health care needs and status. MDS 2.0 includes information on medical conditions and resident history; medical, physical, mental and cognitive status; drug therapy; and other measures of mental and physical well-being.

In each facility, the Minimum Data Set count of nursing home residents as of the end of 1998 was calculated by using the number of residents assessed for MDS at the federally required start date for reporting (June 22, 1998), adding the facility's reported number of MDS *admission* assessments during the year, and subtracting the facility's reported number of MDS *discharge* assessments. For some facilities, the MDS end-of-year count derived by this method differed from the count of residents on December 31, 1998, which was reported by each facility as an aggregate number of residents on that date.

These discrepancies were chiefly the result of under-reporting of admissions and discharges that occurred after the June 22 MDS start date. To adjust the MDS data set for these discrepancies, each facility's MDS data were examined and adjusted as necessary, based on the magnitude and direction of the difference in counts for that facility.

1. *If the facility's MDS count was larger than its December 31 aggregate count:* This would be the result if the facility's count at MDS start-up included some who had already been discharged or if the facility did not report all subsequent discharge assessments to the state.

*If larger by 25 or more residents:* The names of residents who were in the facility on December 31 were obtained and compared with the facility's MDS listing of residents. If a name was on the MDS list but not on the December 31 list, that name was deleted from the MDS analysis data set.

*If larger by 1-19 residents:* This many resident records were randomly deleted from the MDS data set. For example, if a facility's MDS count was higher than its aggregate count by 5, then 5 resident records from that facility were randomly deleted from the MDS analysis data set.

2. *If the facility's MDS count was smaller than its December 31 aggregate count:* This would be the result if the facility did not report all its admission assessments to the state. The difference between the two counts determined the number of records that were randomly replicated from that facility and added to the MDS data set. For example, if a facility's MDS count was lower than its aggregate count by 5, then 5 resident records from that facility were randomly chosen for replication and added to the MDS analysis data set.

### Definitions for Levels of Care (Tables 7, 12, 14, 15, 19 and 20)

ISN - Intense Skilled Nursing: Care for residents whose health requires specific, complex interventions. Services and procedures may be identified as complex because of the resident's condition, the type of procedure, or the number of procedures utilized.

SN - Skilled Nursing: Continuous nursing care which requires substantial nursing knowledge and skill based on the assessment, observation and supervision of the physical, emotional, social and restorative needs of the resident by, or supervised by, a registered nurse who is under general medical direction.

ICF-1, Intermediate Care: Professional, general nursing care including physical, emotional, social and restorative services which are required to maintain the stability of residents with long-term illnesses or disabilities. A registered nurse shall be responsible for nursing administration and direction.

ICF-2, Limited Care: Simple nursing care procedures required by residents with long-term illnesses or disabilities in order to maintain stability. Limited nursing care can be provided safely only by, or under the supervision of, a person no less skilled than a licensed practical nurse and who serves under the direction of a registered nurse.

ICF-3, Personal Care: Personal assistance, supervision and protection for individuals who do not need nursing care, but do need periodic medical services, the consultation of a registered nurse, or periodic observation and consultation for physical, emotional, social or restorative needs.

ICF-4, Residential Care: Care for individuals who, in the opinion of a licensed physician, have social service and activity therapy needs because of disability. Residents needing such care must be supervised by a licensed nurse seven days a week on the day shift, and there must be registered nurse consultation four hours per week.

DD1A Care Level: All developmentally disabled residents who require active treatment and whose health status is fragile, unstable or relatively unstable.

DD1B Care Level: All developmentally disabled residents who require active treatment, considerable guidance and supervision, and who persistently or frequently exhibit behaviors directed toward themselves or others which may be dangerous to health or welfare.

DD2 Care Level: Moderately retarded adults requiring active treatment with an emphasis on skills training.

DD3 Care Level: Mildly retarded adults requiring active treatment with an emphasis on refinement of social skills and attainment of domestic and vocational skills.

Traumatic Brain Injury (TBI): A resident between 15 and 64 years old who has incurred a recent closed or open head injury. The health care provider has obtained prior authorization from the Wisconsin Division of Health Care Financing for continued stay in the designated traumatic brain injury program.

Ventilator-Dependent: A resident who is dependent on a ventilator for six or more hours per day for his or her respiratory condition. The health care provider has obtained prior authorization from the Wisconsin Division of Health Care Financing for payment of the special rate for ventilator dependency.

### **Definitions of Services to Non-Residents (Table 8)**

(Provided by staff in Wisconsin Bureau on Aging and Long-Term Care Resources)

Home Health Care: Health care services to individuals in their own homes, on a physician's orders, as part of a written plan of care. Services may include one or more of the following: (1) part-time or intermittent skilled nursing; (2) physical, occupational and speech therapy services provided by licensed professionals; and (3) home health aide services provided by trained and professionally supervised aides. Home health aide services provide the personal care necessary to maintain a clean and safe environment for the patient, and include bathing, feeding, dressing, toileting, mobility assistance and incidental household services.

Supportive Home Care: Services to maintain clients in independent or supervised living in their own homes, or in the homes of their friends or relatives. These services help individuals meet their daily living needs, address their needs for social contact, and ensure their well-being in order to prevent their placement into alternate living arrangements. Services may include, but are not limited to: household care, personal care and supervision, senior companion activities, telephone reassurance, friendly visiting and home health care.

Day Services: Services in day centers to persons with social, behavioral, mental, developmental, or alcohol and drug abuse disorders in order to enhance maturation and social development and reduce the extent and effects of disabilities. Services may include, but are not limited to: assessment/diagnosis; case planning, monitoring and review; transportation to the care setting; education/training; counseling/psychotherapy; supervision; and personal care.

Respite Care: Services which facilitate or make possible the care of dependents, thereby relieving the usual care giver of the stress resulting from the continuous support necessary to care for dependent individuals. Services are based upon the needs of both the regular care giver and the dependent person, and are intended to prevent individual and family breakdown or institutionalization of the dependent. Services generally include assessment/diagnosis; case planning, monitoring and review; referral; and education/training. Services may also include assessing the need for respite care, arranging for the resources necessary for respite care to occur, advising the regular care giver about the nature of services available and about the specific arrangements for dependent care, and any teaching of respite care workers by regular care givers.

Adult Day (Health) Care: Services to adults in a certified setting designed to promote an enriched social experience and afford protection during part of the day. Benefits include transportation specifically for access to this program, the provision of food to the client, and certified adult day care when provided in a senior center. Management functions which may be performed include, but are not limited to: resource recruitment/development and regulation/certification.

Congregate Meals: Meals provided to persons in supportive service settings in order to promote socialization, as well as adequate nutrition. Nutrition education is an integral but subordinate part of this program.

Home-Delivered Meals: In-home meals provided to persons at risk for inadequate nutrition.

Referral Service: Public information necessary to satisfy individual inquiries regarding aspects of the human services delivery system, including referrals to appropriate resources within the community.

Transportation: Transportation and transportation-related services to the elderly and handicapped, and to other persons with limited ability to access needed community resources (other than human services). Included are the provision of material benefits such as tickets (or cash for their purchase), as well as specially-equipped vehicles designed to provide safe, comfortable and accessible conveyance. Such services are limited to transportation which assists in improving a person's general mobility and ability to independently perform daily tasks such as shopping, visiting with friends, etc.

